Filing Date Application Number **CLAIMS ONLY** May be used for additional claims or amendments AFTER FIRST AMENDMENT AFTER SECOND AMENDMENT AS FILED CLAIMS Indep Depend Indep Depend Indep Depend Indep Depend .Indep | Depend Depend 51 52 53 54 55 56 57 58 59 60 10 61 62 12 13 14 (15) 16 63 -.64 --65 66 67 68 18 69 19 70 20 21 22 23 24 25 71 72 73 74 75 76 26 27 28 29 77 78 79 80 30 31 ٤١ 82 32 83 84 35 36 37 38 39 85 85 87 - 88 --- 69 -90-- <del>- - 91</del> --42 43 44 92. 93 94 95 45 46 96 97 47 98 48. 99 49 50 100 Total Total Indep Indep Total Total Depend Depend Total Total Claims

•